

# TRAVEL HISTORY FORM

Please note: This form is to be filled in, printed, then FAXed or mailed to your servicing PSD

## Privacy Act Statement

Authority: USC 5701,37 USC 404-427, EO 9397,31 USC 3322,31 CFR 209 and/or 210

Principal Purpose(s): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

Routine Use(s): To substantiate claims for reimbursement for official travel.

Disclosure: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed and may delay or prevent the receipt of payments through the EFT/DDS programs.

YOUR NAME:

YOUR SSN:

YOUR PAY GRADE:

(i.e. E5, O3, GS9)

YOUR HOME STREET ADDRESS:

(line one)

(line two)

(City,State,Zip)

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FOR EFT/DDS PAYMENTS PLEASE PROVIDE THE FOLLOWING INFORMATION:

Account Type [Checking ☐] [Savings ☐]

Account Number:

Financial Institution's Routing Transit Number (RTN) - found on the bottom of your checks or from your financial institution:

Signature:  / Date:

Reset

